

# 2008 Dollar Certification of Budget Request to Board of County Commissioners L-2 Hospital Districts

District or Taxing Unit's Name:

County(ies):

Fund	Total Approved Budget*	Cash Forward Balance	Other revenue <u>NOT</u> shown in Column 5	Property Tax Replacement (Equal to line 13 of L-2 Worksheet)	Balance to be levied	Calculated Levy Rate	Maximum Levy Rate
					Col. 2 minus 3+4+ 5) (Cols.	(County Use Only)	(County Use Only)
1	2	3	4	5	6	7	8
Subtotal of funds subject to budget cap I.C.§63-802. Not to exceed line 14 of the L-2 worksheet							
Column Total:							

I certify that the amounts shown above accurately reflect the budget being certified in accordance with the provisions of section 63-803, Idaho Code. To the best of my knowledge, this district has established and adopted this budget in accordance with all provisions of Idaho law.

	If a public hearing was held please initial here:	
Signature and Title of District Representative:	Date Signed	

Please print above: Contact Name, Mailing Address	Email Address:	
Phone Number: (     )	Fax Number: (     )	

## Net Taxable Market Value Computation: For County Clerk Use Only

Use column C for computing levies for the following funds that were first certified after December 31, 2007. Or if a existing U/R changes its boundaries and now includes a taxing district which currently has one the listed funds and is new to the U/R due directly to the boundary change.  
I.C. §63-1305 Judgments, I.C. §33-802 Judgment Obligation, any Bonds, Plant Facility, and any temporary Override/Supplemental funds.

County	(A)	(B)	(C)
	Net Taxable Market Value:	Urban Renewal Increment Value:	Total Taxable Value (A+B):
Total Value:			

\* NOTE: Do not include revenue allocated to urban renewal agencies.

EFO00077 Rev. 3/19/2008